

FaithSteps in Israel — Led by Dr. Dale W. Manor

May 11-22, 2020

REGISTRATION FORM

Name (**Please Print All Info**): _____ **Please circle:** Male Female

(Gender and names exactly as printed on passport!)

Name as you want it on your **Name Tag**: _____

Mailing Address: _____

City, State & Zip: _____

Phone (including area code): _____

E-mail: _____

Citizenship: _____

(Country issuing passport)

Passport #: _____

(Mail a copy of passport to Kenneth Mills Tours — do not fax.)

Delta SkyMiles Number: _____ Known Traveler Number: _____

Roommate: _____

(Singles must pay surcharge!)

Please **CIRCLE "Yes" or "No"** if requesting single-room lodging (\$1,120 supplemental surcharge): YES NO

I have carefully read the brochure and Tour Conditions and agree to these terms and conditions as a binding contract when my registration and deposit are received by Kenneth Mills Tours.

Enclosed is my deposit of \$500.00. Checks are to be made payable to Kenneth Mills Tours.

Signature: _____ Date: _____

Mail 1) Deposit, 2) Registration Form & 3) Copy of Passport to:

Kenneth Mills Tours

38 Indian Trail

Searcy, AR 72143

KennethMillsTours@gmail.com

KennethMillsTours.com/Israel20.html

Facebook: Kenneth Mills Tours

PRICING PER PERSON:

Please CHECK [] all that apply

____ Complete Tour (R/T from LR): \$4,642.00 (Double Occupancy)

____ Land Only (no Air): \$2,722.00 (Double Occupancy)

____ Single Supplement: \$1,120.00

TOTAL PRICE: _____

Add 2.9% if using Credit Card or PayPal